

AHCCCS Contractor Update July 2015

Administrative Updates

Managed Care Rules:

The agency is formulating its comments around the CMS proposed rules regulating Medicaid Managed Care. We are especially concerned about the 14 day FFS requirement, among other things. In our experience, volume matters in terms of number of comments received. We are hopeful that the Plans submitted formal comments as well. The due date to CMS is July 27, but some organizations are seeking an extension. To date, none has been granted, but is being considered by CMS. AHCCCS submitted its formal comments on July 27, 2015 meeting the established due date.

Waiver:

The agency's current 1115 waiver is set to expire 9-30-2016. The federal terms require that the State submit its intentions regarding the waiver one year in advance. Arizona will apply for a new demonstration 10-1-15. We are planning a public process around this that will begin in August and will include community forums across the State. This proposal will include renewing existing authorities, seeking new waivers related to the Governor's vision for Medicaid reform, and requesting waivers related to legislative mandates. There are also technical clean-ups related to the DBHS/AHCCCS merger and duals integration and others, as well as new compliance issues, such as the HCBS settings rule that requires a transition plan for the state. All of these will be addressed in the forums. In addition to commenting at the forums, the public can submit comments via email or mail through the agency's website. This will be updated once the draft proposal is completed.

HCBS Rules

Arizona's final draft assessment and transition plan will be posted to the AHCCCS website (<http://www.azahcccs.gov/hcbs/>) on August 1, 2015 for the official public comment period. AHCCCS will be conducting numerous public forums throughout the state during the month of August to obtain feedback on the assessment and transition plan. We encourage Contractors to share information with providers and members as well as to attend the forums and provide official public comment. In September, AHCCCS will evaluate all comments for consideration in making final revisions prior to submission to CMS in October 2015.

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Centers of Excellence

AHCCCS is looking to further our discussions around Centers of Excellence. As such, 10/1/2015 will include the following or similar contract language and deliverable requirement:

Centers of Excellence: Centers of Excellence are facilities that are recognized as providing the highest levels of leadership, quality, and service. Centers of Excellence align physicians and other providers to achieve higher value through greater focus on appropriateness of care, clinical excellence, and patient satisfaction. Designation as a Center of Excellence is based on criteria such as procedure volumes, clinical outcomes, and treatment planning and coordination. To encourage Contractor activity which incentivizes utilization of the best value providers for select, evidenced based, high volume procedures or conditions, the Contractor shall submit a *Centers of Excellence Report to AHCCCS, DHCM by April 1, 2016*, outlining the Contractor's approach to developing at least two Centers of Excellence for at least two different procedures or conditions. The Centers of Excellence Report must:

- a. Identify why the selected procedures or conditions were chosen,
- b. Outline how the Contractor will identify and select providers with the highest quality outcomes,
- c. Provide a high-level summary of potential contracting approaches,
- d. Identify how the Contractor plans to steer members to the Centers of Excellence, and
- e. Identify any barriers or challenges with the development of such Centers of Excellence.

Operations Update

Claims Survey

In September 2015 AHCCCS plans to conduct its second annual Provider Satisfaction Survey focused on Contractor claims processing and payment. The intent is to conduct the survey prior to ICD-10 implementation in October 2015. The plan is to utilize the same survey and process as last year in order to conduct a comparative analysis between the October 2014 and the September 2015 results. We are expecting increased provider satisfaction as a result of the actions and work each plan implemented based on last year's results.

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Finance

FFS Rate Update

AHCCCS posted two Public Notices of proposed FFS rate changes to the web:

- **Emergency Ground Ambulance Rates** – published May 22, 2015 –
<http://www.azahcccs.gov/publicnotices/Downloads/rates/NOIPProposedAmbulanceRates62215.pdf>
 - AHCCCS will set rates at 68.59% of the published ADHS Ground Ambulance rates for dates of service on and after October 1, 2015
- **Other Fee Schedule Rates** – published June 22, 2015 –
<http://www.azahcccs.gov/publicnotices/Downloads/rates/NOPIFFSProposedRates10115.pdf>
 - **Highlights of rate changes effective with dates of service from October 1, 2015 – September 30, 2016, include:**
 - BH rates on select inpatient codes will be increased 19.6% in aggregate (setting certain FFS rates at the average of the MCO/RBHA rates)*
 - HCBS rates increased 1.5% across-the-board
 - LTAC rates updated to address patient acuity among hospitals resulting in anticipated 1.1% increase in aggregate
 - **Highlight of rate change effective with dates of service from January 1, 2016 – September 30, 2016, includes:**
 - APR-DRG select pediatric DRGs increased approximately 28% to address high-acuity cases
 - *Please read Public Notice for more information on other FFS rates*
- *Capitation rates will be adjusted for all rate changes with the exception of the BH rate adjustment which brings FFS rates up to the market average rates already in place for Contractors.
- ALTCS EPD contract will be amended to mandate pass-through of rate increase to all HCBS rates under contract.

Value-Based Purchasing Initiatives Update

To date, the following CYE 16 draft ACOM Policies have been posted to the web at Acute
<http://www.azahcccs.gov/shared/ACOM/ACOMApproved.aspx>

- CRS
- ALTCS EPD

The comment period has passed and AHCCCS will be reviewing and responding to all comments/questions. Changes to the Policies, if warranted, will be noted.

The CYE 16 RBHA VBP ACOM Policy will be presented at the AHCCCS Policy Committee this week (7/30). It will be turned-around to RBHAs for comment as quickly after approval as possible.

Other Reimbursement ACOM Policies

All other ACOM policies related to reimbursement are under review. This includes, for example, reconciliations, premium tax, HIF, etc. Most are conforming and technical updates. Any changes will be posted prior to October 1, 2015. These policies will not be released as draft or provided a comment period.

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Quality

Transparency

Operational Review Summary Results

AHCCCS will begin publishing the Executive Summary of Contractor Operational Reviews. A template is being developed that will include the standards reviewed during the Operational Review and the compliance results determined during the Operational Review. AHCCCS is anticipating publishing results beginning with the Contract Year End 2016 Operational Reviews.

AHCCCS Contractor Report Card

The AHCCCS Contractor Report Card is designed to provide information to stakeholders regarding a limited number of performance metrics and on how patients rate their experience getting care. The information provided on the report card allows members to compare AHCCCS contracted health plans and use the information as a starting point for making an informed decision when selecting a health plan. The information in the report card is also used by AHCCCS and Contractors to identify opportunities for improvement and to track progress towards goals. The report card provides data and scores in three areas: *Member Satisfaction*, *Business Operations* and *Quality Performance Measures*.

Member Satisfaction Survey

The report card measures provide an overall understanding of how satisfied members are with their health plan including how well the health plan met their expectations. Information on member satisfaction is obtained from the Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS).

Business Operations Measures

The business operations measures included in the report card are representative of timeliness or access to a Contractor's customer service representatives. Measures include the average wait time, in seconds, that the member/provider waits from the moment the call is connected in the Contractor's phone switch until the call is picked up by a Contractor's representative or interactive voice recognition system (IVR). The second measure represents the percentage of member calls to the health plan that were resolved during the first call made by the member.

Quality Measure Performance

The quality performance measures included in the report card represent access to care for children, pregnant women and for oral health care for children. Data for these measures are the results of the most recent the Healthcare Effectiveness Data and Information Set (HEDIS)-like performance measure calculations. The HEDIS-like measures have been a reasonable indicator of health care accessibility, availability and quality. The performance measures provide a standardized way to evaluate Contractor performance in providing quality care and access to care over time.

The report card will be posted on the AHCCCS website within the next few weeks. Please direct any questions to Dr. Elliott. Following are examples of the Health Plan Report Cards.

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Healthplan Report Card		Archive						
 Contracted Healthplans <small>Last Updated: 06/23/2015*</small>		Care 1st	Health Choice Arizona	Maricopa Health Plan	Mercy Care Plan	Phoenix Health Plan	United Healthcare Community Plan	University Family Care
MEMBER SATISFACTION SURVEY 2012 RESULTS (CAHPS)								
Children's Results								
Rating of Health Plan		4	3	4	5	4	5	4
Getting Needed Care		3	3	4	3	3	5	4
Getting Care Quickly		1	2	1	2	3	2	3
Health Plan Customer Service		4		4	4	5	4	4
Adult's Results								
Rating of Health Plan		2	1	2	3	2	5	4
Getting Needed Care		2	2	2	1	2	3	2
Getting Care Quickly		2	2	2	1	2	3	2
Health Plan Customer Service		4	3	5	4	5	4	5
BUSINESS OPERATIONS MEASURES								
Average Speed of Call Answer Rate	Members	8.0	53.0	41.0	30.0	27.7	42.3	43.8
	Providers	10	29.8	66.1	26.0	33.0	27.7	69.1
Monthly First Contact Call Rate	Members	97.10%	97.50%	91.20%	76%	100%	100%	94.70%
	Providers	92.60%	97.42%	91.20%	91%	99%	100%	94.70%
QUALITY MEASURE PERFORMANCE								
Children's Access to PCPs		97.8%	95.7%	95.6%	97.6%	96.6%	97.2%	97.9%
Annual Dental Visits		62.9%	65.3%	59.8%	63.7%	62.6%	57.6%	53.6%
Timeliness of Prenatal Care		88.5%	85.8%	86.1%	90.0%	90.9%	88.8%	89.1%
KEY Statistically below the Acute Care Health Plan Average Statistically above the Acute Care Health Plan Average 5 = Highest Score as Ranked by Members 1 = Lowest Score as Ranked by Members								

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End of Update

Next Meeting:

Wednesday- September 16, 2015

9:30 am

AHCCCS – Gold Room